

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043821
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 289

FILED DEC 11 1962

1. PLACE OF DEATH

a. COUNTY

ST. CHARLES

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. CHARLES

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

DOA ST. JOSEPH'S HOSP

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Mo ST. CHARLES

c. CITY OR TOWN

ST. CHARLES

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

2112 N. 5TH STR.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

JAMES RICHARD SIMS

4. DATE OF DEATH

Month

Day

Year

Nov 29 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-30-40

9. AGE (last birthday)

22

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY

MEG.

11. BIRTHPLACE (City and state or country)

COLUMBIA Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES D. SIMS

13b. MOTHER'S MAIDEN NAME

ADA HYDE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JAMES D. SIMS. ST. CHARLES. Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

status lymphaticus

INTERVAL BETWEEN ONSET AND DEATH

instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

persistant thymus, enlarged lymphoid tissue

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Deceased died in sleep -had never been

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

ill or to a Doctor.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Residence

20f. CITY, TOWN, OR LOCATION

Saint Charles, St. Charles, Mo.

COUNTY

STATE

21. I attended the deceased from held inquest to 11/30/62 and last saw her/him alive on

Death occurred at 6:30

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mo.

22c. DATE SIGNED

Coroner 12 Cunningham Ct., St. Charles, Mo. 11/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

DEC 1, 1962

OAK GROVE CEM

ST. CHARLES

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

PRINSTER-BAUE/INC. ST. CHARLES Mo Dec 1, 1962

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

10928

20928

3

4 0

5 0

6

7 0

8 1

9273X

10

11

1292-3

13 4-0

DEC 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Frederic W. Bane

Licensed Embalmer No. _____

4607

P. O. Address _____

St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.